

In re application of: Ophir FRIEDER et al.

Serial No.: 09/837,436

Filed: 18 April 2001

For: INTRANET MEDIATOR

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on 17 October 2003.

Melanie I. Rauch
 Signature Date of Signature 10/17/03

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	31	MINUS	28	3
INDEP.	6	MINUS	4	2
FIRST PRESENTATION OF MULTIPLE DEPEND. CLAIM				

SMALL ENTITY

RATE	ADD'L FEE
x 09 =	\$27.00
43 =	\$86.00
+ 145 =	\$
TOTAL ADD'L FEE	\$113.00

OR

OTHER THAN A
SMALL ENTITY

RATE	ADD'L FEE
x 18 =	\$*
x 86 =	\$
+ 290 =	\$
TOTAL	\$

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. _____ in the amount of \$ _____.
 A duplicate copy of this sheet is attached.

☒ A check in the amount of \$ 113.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.

☐ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

Pauley Petersen & Erickson
 2800 West Higgins Road, Suite 365
 Hoffman Estates, Illinois 60195
 (847) 490 1400
 FAX: (847) 490 1403

Melanie I. Rauch
 Melanie I. Rauch
 Reg. No. 40,924

RECEIVED

OCT 27 2003

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